



**Examiner Instructions:**

- Repeat the process by reading the following instructions to the applicant:

“Now I’m going to repeat the same words as before and, again, ask you to use each of them in a sentence. You may either make up new sentences or use the same sentences you used before.”

CHIMNEY SALT HARP BUTTON MEADOW TRAIN FLOWER FINGER RUG BOOK

Time of Completion: \_\_\_\_\_

**Examiner Instructions:**

- Put the word-cards out of sight.
- Check your watch and record (above) the time the last sentence was completed.
- This completes Part I of the Delayed Word Recall. Part II must begin in no less than 5 minutes and no more than 15 minutes. (Keep your eye on your watch to begin Part II within this time frame).
- Now proceed to the ACTIVITIES OF DAILY LIVING.

**ACTIVITIES OF DAILY LIVING**

1. Is any assistance needed for walking, such as a wheelchair, walker, cane, crutches or support from another person?  
 Yes  No If yes, details: \_\_\_\_\_

2. Do you drive?  Yes  No If no, when and why did you stop driving? \_\_\_\_\_

If not driving, what form of transportation are you using? \_\_\_\_\_

3. Please describe your activities on a typical day, from the time you arise until you retire. Please provide inside and outside home activities including any hobbies, as well as activities away from home, including any volunteer work or clubs.  
 Morning: \_\_\_\_\_  
 Afternoon: \_\_\_\_\_  
 Evening: \_\_\_\_\_

4. Do you need assistance with any of the following activities? (**Examiner: Check applicable space for each activity.**)

	No help needed	Able to but occasionally needs assistance*	Does with assistive device*	Does some portion of the activity*	Not able to do any portion of the activity*
Bath/shower					
Indoor mobility: walking, stairs					
Outdoor mobility: walking, stairs					
Getting in or out of bed or chair					
Continence of bladder/bowel					
Eating					
Hygiene (toilet, shaving, doing hair)					
Dressing					

\*Record details if any assistance needed, including what kind of assistance and how often needed: \_\_\_\_\_

**Examiner Instructions:** Please make note of the time. If it has been between 5 and 15 minutes since completion of Part I of the Delayed Word Recall, then proceed now to Part II of the Delayed Word Recall (below), and complete that section before returning to and completing the Activities of Daily Living.

5. Do you have family in this area? Relationship? \_\_\_\_\_
6. Who would take care of you in the event of an emergency or prolonged illness? \_\_\_\_\_
7. Do you presently live in:  Own Home  Condo  Managed Care Facility  Retirement Village  
 Convalescent Home  Other \_\_\_\_\_
8. Are you planning to change or move from your present living arrangement (i.e. retirement community etc.)? If so, when? \_\_\_\_\_ where? \_\_\_\_\_ reason? \_\_\_\_\_
9. Have you moved within the past 12 months? If so, when? \_\_\_\_\_ from? \_\_\_\_\_ reason? \_\_\_\_\_
10. Do you live alone?  Yes  No If no, with whom do you live? \_\_\_\_\_
11. Do you need assistance to perform the following activities? (**Examiner: Check applicable space for each activity.**)

	No help needed	Able to but someone else performs task*	Occasionally needs assistance*	Usually/always needs assistance*
Cooking				
Cleaning				
Laundry				
Shopping				
Handling finances				
Telephoning				
Taking medication				

\*Record details if any assistance needed, including what kind of assistance and how often needed: \_\_\_\_\_  
\_\_\_\_\_

**DELAYED WORD RECALL – PART II**

**Examiner Instructions:**

- Read the statement below to the applicant to determine how many words he/she recalls.
- Record all words stated, both correct and incorrect words.
- Then show the total number of correct words recalled.

“A few minutes ago, I read you some words and asked you to make a sentence with each of them. At this time I would like you to tell me as many of the words as you can remember. Take your time.”

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

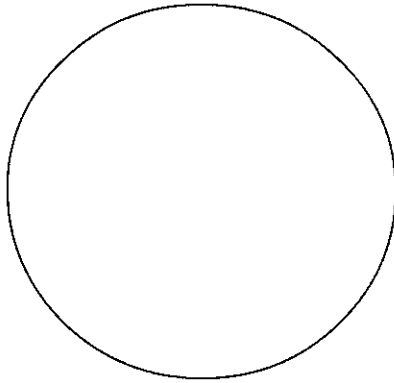
Total number of words correctly recalled: \_\_\_\_\_ Time of Completion: \_\_\_\_\_

**REASONING**

**Examiner Instructions:**

- Present applicant with the next page, which has a circle on it.
- Then read the statement below to the applicant; ask if he/she understands what they are to do. (Note: When reading the statement do not use the word “hands” when asking the applicant to set the time.)

“This circle represents a clock face. Please put in the numbers so that it looks like a clock and then set the time to 10 minutes past 11.”



## EXAMINER OBSERVATIONS

### Mobility Evaluation

**WALKING:** Describe the applicant's gait, steadiness, and balance in walking (e.g. very slow, held on to chair for balance, walked briskly without aid, etc.). \_\_\_\_\_  
\_\_\_\_\_

**SITTING:** Describe applicant's ability to sit down (e.g. able to sit in a smooth motion, unable without help, or collapses ["plops"] into chair, etc.). \_\_\_\_\_  
\_\_\_\_\_

**ARISING:** Describe ability to arise from chair (e.g. able with ease, requires two or more attempts, unable to rise without help, etc.). \_\_\_\_\_  
\_\_\_\_\_

### Personal Grooming

Describe the applicant's personal grooming (e.g. neat, well dressed, clean, clean smelling or unkempt, soiled clothing, unshaven, smelled of urine, etc.). \_\_\_\_\_  
\_\_\_\_\_

### Personal Demeanor

Check the boxes that you feel best describe the applicant's behavior:

- |                                      |                                    |                                    |                                    |  |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Alert       | <input type="checkbox"/> Confident | <input type="checkbox"/> Pleasant  | <input type="checkbox"/> Courteous | <input type="checkbox"/> Cooperative   |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Confused  | <input type="checkbox"/> Irritated | <input type="checkbox"/> Rude      | <input type="checkbox"/> Uncooperative |

### Living Environment

If interview was conducted at the applicant's place of residence, describe the conditions (e.g. clean and neatly kept or messy, cluttered, dirty, foul odor, etc.) \_\_\_\_\_  
\_\_\_\_\_

If interview was conducted at a place other than applicant's residence, state where: \_\_\_\_\_  
\_\_\_\_\_

### Other Irregularities

If applicable, describe any other discrepancies, irregularities or abnormalities not previously described in this report, e.g. prompting or interference by other persons during the interview (If so, who was that person or persons?), unanswered questions, etc. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Examiner Signature

\_\_\_\_\_  
Date

**Please use the space below for any additional remarks (in case there was not enough room provided above).**

**CHIMNEY**

**TRAIN**

**SALT**

**FLOWER**

**HARP**

**FINGER**

**BUTTON**

**RUG**

**MEADOW**

**BOOK**

# Allstate & Lincoln Benefit DWR/Peak Flow Form

Name of Insurance Company: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

## Examiner Instructions:

- If during the course of the interview the applicant refuses to answer a certain question, simply record "Refused to Answer" and move on to the next question.
- Begin by recording the time of day you begin the interview, then read the following introduction to the applicant:

Start Time: \_\_\_\_\_: \_\_\_\_\_ AM PM

"I will now perform a simple and brief test of your breathing and also one of your memory, which I will explain to you in detail prior to performing each test."

- Proceed to the DELAYED WORD RECALL

## DELAYED WORD RECALL - Part I

## Examiner Instructions:

- Before beginning the interview, separate the words on the (last) word-page by cutting along the indicated lines.
- Stack the word-cards and then show the first word to the applicant. Ask the applicant to say the word aloud and form a sentence using the word.
- Repeat the process with each of the 10 words below. You need not record the applicant's answers.
- The applicant may not write anything down.
- Begin by reading the following instructions to the applicant:

"This test is a delayed word recall which will measure your memory. I'm going to show you 10 cards with words on them. When I show you the word you'll say it aloud and then use it in a sentence. Each sentence can be as short or as long as you like. Then I'll show you the words again and have you use them in a sentence a second time. I'll be asking you to recall the words later."

CHIMNEY SALT HARP BUTTON MEADOW TRAIN FLOWER FINGER RUG BOOK

## Examiner Instructions:

- Repeat the process by reading the following instructions to the applicant:

"Now I'm going to show you the same 10 words again and ask you to say the word aloud and then use it in a sentence. You may either make up new sentences or use the same sentence you used before."

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Time of Completion: \_\_\_\_\_

## Examiner Instructions:

- Put the word-cards out of sight.
- Check your watch and record the time the last sentence was completed under "Time of Completion" above.
- This completes *Part I* of the *Delayed Word Recall*. *Part II* must begin in exactly 5 minutes
- Please proceed to the Peak Flow Section

## *Peak Flow Measurements*

“I will now be performing a test that measures your breathing or lung capacity and I’ll be using a machine called a Peak Flow Meter.”

- Show the applicant the meter and instruct them on the proper way to use the PFM;
  1. Hold the meter around the round handle of the device.
  2. The applicant’s fingers should not block any openings or prevent the sliding indicator from moving.
  3. The applicant should remove any gum or food from their mouth.
  4. The applicant’s lips should form a tight seal around the mouthpiece.
  5. The mouthpiece should be inserted past their teeth.
  6. The applicant should exhale as fast as possible with a sharp short blast rather than slowly as this will yield the best results.
  7. The force of the air coming out of the applicant’s lungs will cause the marker to move along the numbered scale.
- Now that you have explained how to use the PFM insert a mouthpiece into the PFM and reset the meter to zero.
- Demonstrate for the applicant the proper way to use the PFM.
- Put a clean filter on the PFM and ask the applicant to stand and hand them the PFM.
- Instruct them that they are going to exhale into the PFM three separate times stopping for a brief moment to take a breath before each time they exhale into the PFM.
- Have the applicant proceed with exhaling into the PFM.
- After the applicant exhales into the meter the first time, record the PF reading below under “1<sup>st</sup> Attempt” and reset the meter to zero. The applicant may now exhale into the meter a second time.
- After the applicant exhales into the meter the second time, record the PF reading below under “2<sup>nd</sup> Attempt” and reset the meter to zero. The applicant may now exhale into the meter the third and final time.
- After the applicant exhales into the meter the third time, record the PF reading below under “3<sup>rd</sup> Attempt” and circle the highest of the three scores.
- The highest score should also be recorded on the lab requisition under the Examiner Comments field using the following format “PF XXX”.
- As long as 5 minutes has passed it’s time to finish the DWR test. If five minutes hasn’t passed wait until it has to proceed.

Result: 1<sup>st</sup> Attempt: \_\_\_\_\_ 2<sup>nd</sup> Attempt: \_\_\_\_\_ 3<sup>rd</sup> Attempt: \_\_\_\_\_

## *DELAYED WORD RECALL - Part II*

### Examiner Instructions:

- Read the statement below to the applicant to determine how many words he/she recalls.
- Record all words stated, both correct and incorrect words including duplicates.
- Then record below the total number of correct words recalled out of the possible 10.
- You will also record the number of correct words on the lab requisition under the Examiner Comments field using the following format “DWR X”.

“A few minutes ago, I showed you some words and asked you to make a sentence with each of them. At this time I would like you to tell me as many of the words as you can remember. Take your time.”

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL NUMBER OF WORDS CORRECTLY RECALLED OUT OF THE 10 CHOICES:** \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Examiner Signature Date

CHIMNEY

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SALT

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HARP

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BUTTON

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MEADOW

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FLOWER

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FINGER

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RUG

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BOOK

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